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Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850) 617-6383

From:

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Phone : (305) 552-5973
Fax Number : (305) 220-1440

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
NOVATEC INTERNATIONAL GROUP, L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

H13000147108

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Novatec International Group, L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:8508 NW 141st Terrace No. 503Miami Lakes, FL 33016**Mailing Address:**8508 NW 141st Terrace No. 503Miami Lakes, FL 33016**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Liz R. Ferreira

Name

8508 NW 141st Terrace No. 503Florida street address (P.O. Box NOT acceptable)Miami Lakes, FL 33016

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H13000147108

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Liz R. Ferreira

8508 NW 141st Terrace No. 503

Miami Lakes, FL 33016

MGRM

Johnny Ferreira

8508 NW 141st Terrace No. 503

Miami Lakes, FL 33016

MGRM

Mauro Maurizi

Viale Francesco Redi 83/A

Firenze, Italy 50144

MGRM

Miguel Angel Lobo Garcia

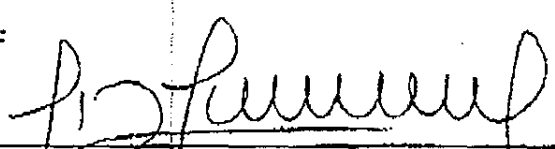
C/ Emilia 55

Madrid, Spain

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Liz R. Ferreira

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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MGR

Liz R. Ferreira
8508 NW 141st Terrace No. 503
Miami Lakes, FL 33016

MGRM

Johnny Ferreira
8508 NW 141st Terrace No. 503
Miami Lakes, FL 33016

MGRM

Mauro Maurizi
Viale Francesco Redi 83/A
Firenze, Italy 50144

MGRM

Miguel Angel Lobo Garcia
C/ Emilia 55
Madrid, Spain

MGRM

Roger Wu
3F, No.501-17, Chung-Cheng Rd., Hsin-Tien District
New Taipei City, 23148 Taiwan

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